natorum cannot be clearly demonstrated, this disease is probably "a suppuration excited by the entrance of amniotic fluid and its ingredients into the drum-cavity during parturition," as first claimed by Aschoff (*Zeitschr. f. Ohrenh.*, 1897). In acute catarrhal inflammation of the middle ear it seems that streptococci and pneumococci play the prominent part, while in chronic purulent catarrhs the staphylococci are the chief pathogenic factors.

In Leutert's account of his own bacteriological investigations in acute and chronic purulent otitis media, his first statement of practical importance is that the hearing is less reduced in cases of pneumococcic infection of the middle ear than in cases of streptococcic infection of that organ.

The results of Leutert's investigations are summed up as follows:

1. In 63 cases of mastoid empyema after *acute* aural suppuration, the streptococcus alone was found upon culture 38 times, with impurities 1, and in conjunction with a bacillus 1. The pneumococcus was found pure in culture 11 times, and twice with some uncertainty. The staphylococcus albus pure 5 times, with pneumococci, perhaps, in 1 case. Tuberculosis pure in 2 cases, and once with others not closely determined micro-organisms. In 1 case the cultures remained sterile.

2. In 10 cases of epidural abscess following acute purulent otitis media, the streptococcus was obtained pure in 2 cases, the pneumococcus pure 6 times, and in 1 case with uncertainty, as the guinea-pig used for control experiment did not react. The staphylococcus albus pure in 1 case.

Syringing of the Ear.—Conservative use of the syringe in purulent otitis media is well shown in an article by W. A. GOLDSTEIN (*New York Medical Journal*, July 29, 1899). [A good guide to follow in this matter is never use a syringe if mopping with cotton will cleanse an ear.]

So-called Otitis Media Neonatorum.—L. ASCHOFF (*Arch. of Otol.*, August, 1899) after a series of pathological studies concluded: (1) That "in the tympanic cavity of the new-born child, so long as complete displacement of the fluid by air has not taken place during extra-uterine life, fluid is found present, varying in appearance from clear fluid to a tenacious mucoid pus plug."

2. Pus formation in the tympanum is not a physiological occurrence, not the prerequisite of the formation of a tympanic cavity, as it is not found in all cases. It must be considered the consequence of a contamination of the tympanic cavity by amniotic fluid.

3. The mucous membrane of the tympanum shows in the new-born child a cellular infiltration corresponding in degree with the intensity of irritation, caused by the elements of the amniotic fluid, but it never reaches the same degree of irritation as is seen in bacterial otitis media.

4. The occurrence of gross particles of vernix and meconium in the tympanum of the new-born child is due to intra-uterine respiratory movements.

5. The retrogression of the fœtal mucoid tissue is an intra-uterine occurrence, following laws of growth still unknown, and not in consequence of mechanical influences as Wreden, Wendt, and others infer. The size of the cavum tympani does not allow a determination as to whether respiration has occurred before or after birth.

balloons. This is made by the action of ordinary sulphuric acid on commercial zinc, both of which contain arsenic in variable amounts, and so the product contains arseniuretted hydrogen. The impure gas is liberated from the valve of the balloon, but this is not the sole source of the danger, for the officers and men have a habit of smelling of the stopcock during the operation of filling, in order to ascertain when the air in the tubes has been expelled by the gas. The onset is marked by great malaise, headache, nausea, stiffness of the joints, jaundice and hæmoglobinuria. The symptoms subside in a few days, leaving the patient in a very bad condition of anæmia and pronounced malnutrition. The obvious remedy for the trouble is the employment of better materials or the avoidance of sniffing of the stopcock.

Vanilla Poisoning. A number of women engaged in work at a factory in Geneva where vanilla beans are treated for the market have been found to be afflicted with a severe eruption on the hands, forearms, neck and face, accompanied by burning and œdema, and at times furunculosis and moderate pruritus. The menses were more abundant or more frequent. Similar cases have been very common among the women employed at Bordeaux in an establishment where between 20,000 and 30,000 kilos of vanilla beans are assorted, brushed and bundled annually; but here some additional symptoms have been recorded, including headache, vertigo, insomnia, muscular pain, and irritation of the bladder and vagina. Whether the trouble is due to the minute crystalline needles of vanillin which cover the bean, or to moulds and mites, or to cardol in the oil of the cashew nut, said to be used on vanilla beans for the conferring of an improved appearance, has not yet been satisfactorily determined, but each of the theories has firm adherents.

Brass Poisoning. Workers in brass are subject, according to W. MURRAY (*British Medical Journal*, June 2, 1900, p. 1334), to a form of chronic poisoning which first takes the form of anæmia, with rapid heart action, nausea and vomiting, thirst and abdominal pain. This condition is succeeded by progressive emaciation and weakness, headache and neuralgias, disordered digestion, sweating, respiratory disturbances, and annoying eruptions of the skin. A green line on the gums is commonly present in workmen of this class, whether poisoned or not. To which of the constituents of the brass the disturbance is due is not known, but Murray is inclined to the belief that it is the copper that is to blame. Potassium iodide was administered without result, but phosphorus in one-thirteenth-grain doses proved beneficial. Phosphorus was suggested by the fact that in poisoning by that substance, copper sulphate is given as an antidote. Still better results were observed after the administration of dilute phosphoric acid. By way of prophylaxis he recommends free ventilation, personal cleanliness, avoidance of eating in the work-rooms, and the use of phosphoric acid in small doses in the drinking water.

[These symptoms are in many particulars similar to those of "brass-founder's ague," for which milk is a favorite prophylactic. The use of phosphorus as an antidote cannot properly be based on the reverse application of copper sulphate, for in the latter case a reaction occurs which would not be brought about by the alloy; nor if theoretically this agent is a proper one could the use of the acid be justified by the same reasoning, since the action of the two substances in the animal economy has nothing in common.—C. H.]